

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1211

63-039044
STATE FILE NUMBER

FILED OCT 16 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Agency	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 2		d. STREET ADDRESS (If outside, give location) --	
3. NAME OF DECEASED (Type or print) First Mary Middle Frances Last Stanton		4. DATE OF DEATH Month October Day 11, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Unknown	
13a. FATHER'S NAME Jess Watkins		13b. MOTHER'S MAIDEN NAME Anna Gregory	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH over 48 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Arteriosclerotic heart disease		1 yr.	
DUE TO (c) --			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 15, 1962, to 10-11-63 and last saw her alive on 10-11-63		Death occurred at 3:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Nestor Smith		22b. ADDRESS State Hospital No. 2	
22c. DATE SIGNED 10-11-63			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10/13/1963	23c. NAME OF CEMETERY OR CREMATORY Agency Cemetery	23d. LOCATION (City, town, or county) (State) Agency Missouri
24. FUNERAL DIRECTOR Nestor Bowman		25. DATE RECD. BY LOCAL REG. Oct. 14, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

C. Smith, M.D. MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 10-12-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spelling

Licensed Embalmer No. 4535

P. O. Address St Joseph MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.